Appendix I

Mr. Curry's Medical Records

Law Offices
William Brisbois & Associates, PLLC
1107 Gratiot Avenue
Saginaw, Michigan 48602

William A. Brisbois
H. Renee Brisbois
Jeffrey J. Rupp*
*Also admitted in Massachusetts

Area Code (989)
799-6000
799-4706
(Fax) 799-6363

27-33-97

November 21, 2003

NOV 22 2006

Covenant Hospital
Attn: Medical Records Department
700 Cooper
Saginaw, Michigan 48602

By Facsimile only: (989) 583-6310

Re: Jeffrey Curry
Date of Birth: 11-10-77
SSN: 379-82-7129
Dates Requested: On or about July 13, 2006

Dear Medical Records Department:

Please find enclosed a Medical Information Authorization for Medical Records regarding the above-referenced individual.

If possible, could you please inform my office of the amount or an estimated amount before preparation and we will confirm completing the copying and the expense. If the payment is due before records are released, please contact my office of the amount due and payment will be forwarded promptly.

Thank you for your anticipated cooperation in this matter. If you have any questions, comments, or concerns, please do not hesitate to contact my office.

Sincerely,

Jeffrey J. Rupp
WILLIAM A. BRISBOIS & ASSOCIATES

JJR.amr
Enclosures

COPIED BY
NOV 22 2006
CHARTONE

RECEIVED NOV 28 2006

COVENANT HealthCare

Covenant HealthCare
1447 North Harrison
Saginaw, MI 48602

REGISTRATION FORM

OF00001

PATIENT TYPE	SERVICE CODE	MEDICAL RECORD #	DISCHARGE DATE	ARRIVED BY
E	EDA	27-33-97		CAR POLICE

ADMISSION DATE/TIME	ROOM-BED	VET	DATE OF BIRTH	AGE	SEX	TOA/SOA	PATIENT NO.	ADM BY
07/13/06 17:41		N	11/10/1977	28	M	1/7	50182351	ME

NAME AND ADDRESS
CURRY, JEFFREY M
1416 S 15TH ST
SAGINAW, MI 48601

TELEPHONE
989 755-1907

SSN:
379-82-7129

EMPLOYER
UNEMPLOYED

OCCUPATION/STATUS
DISABLED

OUT-PT OBSERVATION/EXT RECOVERY

MARITAL STATUS S RACE B ALLERGIES: N ADV DIRECT: N HIPAA PRIVACY Y

E.R CONTACT/PHONE/RELATIONSHIP
CURRY, GENEVA
GRANDMOTHER
989 771-2217

COMMENTS

GUARANTOR II
CURRY, JEFFREY M
1416 S 15TH ST
UNEMPLOYED
11/10/77
989 755-1907
379-82-7129

CHURCH
PR1 00 UNSPECIFIED

GUARANTOR III
CURRY, WILLIE MAE
1416 S 15TH ST
UNEMPLOYED
6/26/60
989 755-1907
382-64-1444

PREVIOUS DISCHARGE DATE
2/11/99

PREVIOUS ER DATE
12/15/04

PREVIOUS NAME

PREVIOUS FACILITY

DIAGNOSIS/CHIEF COMPLAINT
HIT BY A CAR /FACIAL INJURIES

ACCIDENT DATE/TIME
07/13/2006 0:00

ACCIDENT CODE
5

ACCIDENT LOCATION
SAGINAW

ACCIDENT DESCRIPTION
HIT BY POLICE CAR

ADMITTING PHYSICIAN	ATTENDING PHYSICIAN	REFERRING PHYSICIAN	FAMILY PHYSICIAN
ED, PHYSICIAN 9300	PINNELL, GREGORY A 03129		PINNELL, GREGORY A 3129

5201 INSURANCE #1
NAME. HMO COMM CHOICE CA
ADDRESS PO BOX 1307
CITY, ST, ZIP DAYTON, OH 454021307
CONTRACT # 81726350
GROUP #:
DOB SUB 11 10 1977
EMPLOYER UNEMPLOYED
AUTH #.
PHONE #. (517)3499922
PHONE #
MEDICAID DATE

0000 INSURANCE #2
NAME
ADDRESS
CITY, ST, ZIP.
CONTRACT #
GROUP #.
DOB SUB: 00 00 0000
EMPLOYER.
AUTH #.
PHONE #: (000)0000000
PHONE #
MEDICAID DATE.

0000 INSURANCE #3
NAME:
ADDRESS
CITY, ST, ZIP:
CONTRACT #:
GROUP #
DOB SUB: 00 00 0000
EMPLOYER
AUTH #
PHONE #: (000)0000000
PHONE #:
MEDICAID DATE

1310

(R 3/00)

EDPACE

COVENANT HEALTHCARE
Saginaw, Michigan 48602

EMERGENCY CARE CENTER REPORT

NAME: CURRY, JEFFREY
ATTENDING: GREGORY A. PINNELL, M.D.
SEX: M DOB: 11/10/1977
ADMIT DATE: 07/13/2006 MSV: EDA PT: E

MR#: 27-33-97
ACCT#: 50182351
DISCHDATE: 07/13/2006
ROOM#:

DATE

PHYSICIAN'S REPORT

HISTORY OF PRESENT ILLNESS
This 28-year-old male comes to the emergency department. The patient is here because of "pain in his left tib-fib, his right forearm, his thoracic spine." He is here with the police department, who are going to be taking him to jail. The patient was evidently a pedestrian hit by a car, but it is unknown what rate of speed he was hit and he did not lose consciousness.
MEDICATIONS
He says he takes Vicodin chronically.

PAST MEDICAL HISTORY
He has had a history of gunshot wounds to his abdomen with multiple surgeries.

SOCIAL HISTORY
He says he uses cocaine occasionally. Does not smoke. Uses alcohol regularly.

FAMILY HISTORY
He denies significant family history of coronary artery disease.

REVIEW OF SYSTEMS
No recent fever, weight loss, tinnitus, or vertigo. No melena, hemoptysis, or hematochezia.

PHYSICAL EXAMINATION
VITAL SIGNS: Pulse oximetry is 99% on room air. Temperature 98.2; respiratory rate 18; pulse rate is 82; blood pressure is 110/70. HEENT: TMs within normal limits. Pupils are reactive to light. Throat examination is unremarkable. HEART: Regular rate and rhythm without obvious murmur. CHEST: Lungs clear bilaterally. ABDOMEN: Soft. Bowel sounds are active. MUSCULOSKELETAL: Patient has tenderness with some bruising over his right forearm. He has some tenderness over the left tib-fib without bruising and he has tenderness over the thoracic and lumbar spine without bruising. NEUROLOGIC: He has no significant neurologic disease.

EMERGENCY DEPARTMENT COURSE

The patient had x-ray examination of the right forearm, left tib-fib, chest x-ray, C-spine, L-spine, and T-spine x-rays, all which are negative for fracture.

IMPRESSION
Pedestrian versus car accident with contusions to left tibia-fibula, right forearm, and thoracic spine.

PLAN
The patient is being discharged in care of police t go to jail. He was given two Ultram and 800 mg of Motrin prior to discharge.

DISCHARGE CONDITION
He leaves in stable condition.

HARRY W. FREDERICK, D.O.

~~

\: U88 /: 512 DD: 07/13/2006 DT: 07/13/2006
JOB: 2586315 ID: 788586315 TD: 2111 TIME: 2237

fx: GREGORY A. PINNELL, M.D. (03129)
>

HARRY W FREDERICK DO
ELECTRONICALLY SIGNED 7/15/2006 21:48

5

COVENANT HealthCare

Covenant HealthCare
1447 North Harrison
Saginaw, MI 48602

CURRY, JEFFREY M
9300 ED, PHYSICIAN
3129 PINNELL, GREGORY A
11/10/1977 28Y M 07/13/2006

OF01514 (12/04) **EMERGENCY/NURSING DOCUMENTATION** 27-33-97 50182351

Initial Assessment Time 1925 Initials [illegible]

Time	1930									
BP	110/60									
Pulse	68									
RR	20									
Temp	/									
SaO_2	100%									
O_2	RA									
BGM	/									

Respiratory:
O_2 _____ via RA
Breath Sounds lungs clear
denies SOB

Circulatory:
Peripheral Pulse +3 +3R
Edema ∅
Capillary Refill brisk
Rhythm interpretation (post strip) _____

Skin: ☐ Pale ☒ Pink ☒ Amb ☒ Dry ☐ Moist ☐ Non Amb ☒ Warm ☐ Cool
Other abrasion on R side of face

Neuro: ☒ Alert ☐ Confused ☐ Combative ☐ Unresponsive
LOC ☐ No ☐ Yes ☐ Unknown
Oriented x 3 Pupils _____
☐ Neuro assessment sheet initiated
Other _____

Abdomen: ☒ Nontender ☐ Tender ☒ Soft ☐ Distended
Bowel Sounds: ☒ Present ☐ Absent ☐ Nausea ☐ Vomiting ☐ Diarrhea
Other _____

GYN ☐ Vag Bleeding ☐ Clots/Tissue ☐ Cramping ☐ FHT _____ ☐ # pad/hr _____
GU ☒ Frequency ☒ Burning
Other _____

Pain: ☐ Denies ☐ FLACC (0-3 years old)
Intensity (0-5) 4/5 Duration 1/2 hr
Location _____
Other arm (L) leg and lower back pain

Visual Acuity: OD ____ OS ____ OU ____
Glasses ☐ Yes ☒ No ☐ Not w/pt
Other _____

Psychosocial: ☐ Anxious ☐ Restless ☐ Crying ☒ Calm ☐ Poor Eye Contact
Support System police present in room
Other _____

Pt. Informed of Progress at _____, _____, _____, _____

Nurses Documentation:
1910 Pt in X-ray. [illegible] in
1925 Unable to obtain accurate history
1930 Pt. resting ∅ distress @ this time

Discharge Disposition: ☒ Amb. ☐ W/C ☐ Stretcher ☐ Carried ☐ AMA ☐ Left without Treatment
TO: ☐ Home ☐ Work Other Jail
With: ☐ Self ☐ Family ☐ Friend Other Police
☒ Stable condition
Other _____

Discharge Instructions: ☒ Given ☒ Written ☒ Verbal ☐ Rx
☒ Instruction sheets given
RN Name S. Lambo LPN Time 2120

Admitted: To: _____ Time report called to floor: _____
Report Given to: _____
Transfer to CDU: ☐ Time Report Called to CDU: _____
Report Given to: _____
Personal Belongings: ☐ Given to Family ☐ To floor w/patient ☐ Personal Belonging Checklist Completed
RN Name _____ Time _____

EDIURDOCS ******* **EMERGENCY/NURSING DOCUMENTATION** *******

COVENANT HealthCare

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CURRY, JEFFREY M
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3129 PINNELL, GREGORY A
11/10/1977 28Y M 07/13/2006

OF90158

ASSESSMENT/EMERGENCY/HISTORICAL

27-33-97 50182351

Rm # 6 | Time to WR. | Time to Rm 1745 | Priority ☐1 ☐2 ☒3 ☐4 | Admit. 2/11/99 | Previous ED Visit 01/02/05 | Reg Time 17:41

Triage Assessment

Date: 07/13/2006 | Family Physician PINNELL, GREGORY A | Specialist:

Time: 1745 | Arrival: ☐ Ambulatory ☐ Ambulance ☐ BLS ☐ ALS ☐ Carried ☐ Helicopter ☐ W/C ☒ Police ☒ ED ☐ Peds ED | Pregnant ☐ Yes ☐ No | LNMP: | EDC:

BP: 110/70 | P: 82 | R: 20 | T: 98.2 ☒ oral ☐ rectal ☐ axillary | SaO_2 99% | Wt./kg | Tetanus:

Chief Complaint: hit by car

Are you afraid of anyone in your home? ☐ Yes ☐ No | Info From: pt/police | Signature: K. McCubbin RN

ALLERG)ES: ☒ NKA ☐ Latex

Current Medications

☐ See Attached List
☐ No Meds

Vicodin

What pharmacy/pharmacies do you use?

Hx of Present Illness

hit by car @ unknown speed c/o (L) leg, (R) arm and lower back pain
brought in by police

Past Medical History

KEY ☐ = Negative/NL ☒ = Positive/Present ☐ = Not Asked

☐ Arthritis	☐ Cardiac Dx.	☐ CVA/TIA	☐ Glaucoma	☐ Peripheral Vascular Disease	☐ Renal Failure
☐ Asthma	☐ Prior MI	☐ Dementia	☐ Hiatal Hernia	☐ Pneumonia	☐ Dialysis
☐ Cancer Type ____	☐ Angina	☐ Diabetes	☐ Hypertension	☐ Pregnancy EDC ____ G____P____Ab____	☐ Seizure Hx.
☐ COPD	☐ Arrhythmia	☐ w/Insulin	☐ Kidney Stone	☐ Psych Hx.	☐ Sickle Cell
	☐ CHF	☐ GI Ulcer Dx.	☐ Migraine		☐ Thyroid Disease
					☐ VRE / MRSA

Comments/Other: none

Past Surgical History

☐ Angioplasty	☐ Cataracts ☐ Rt. ☐ Lt.	☐ C-Section x ____	☐ Hysterectomy	☐ Spinal ____
☐ Appendectomy	☐ Cholecystectomy	☐ Fracture Repair	☐ Joint Replacement ____	☐ Tonsillectomy
☐ CABG x ____		☐ Hernia Repair		☐ Tubal/Vasectomy

Comments/Others: 10 Sx been shot for

Social History

ETOH: ☐ Never ☐ Rare ☒ Occasional ☐ >4x/wk

Smokes: ☒ Never ☐ Smokes ____ ppd ☐ Quit ____ yrs ago; prior smoked ____ ppd

Illicit Drugs: cocaine occasionally ☐ Denies ☐ Prior use ☐ Current use

Signature: K. McCubbin RN | Time: 1745

Review of Systems

☐ Abdomen Pain ☐ Chest Pain ☐ Decreased Hearing ☐ Decreased Vision ☐ Depression ☐ Dysarthria ☐ Dysuria ☐ Fever ☐ Hemoptysis ☐ Joint Pain

Comments/Other:

Dictation Notes

ECCHSTAT <<<<<<<<<ASSESSMENT/EMERGENCY/HISTORICAL >>>>>>>>> (4/00)

COVENANT HealthCare

Covenant HealthCare
1447 North Harrison
Saginaw, MI 48602

OF00004

CURRY, JEFFREY M
9300 ED, PHYSICIAN
3129 PINNELL, GREGORY A
11/10/1977 28Y M 07/13/2006

27-33-97 50182351

CONSENT FOR TREATMENT/ AUTHORIZATION FOR RELEASE OF INFORMATION

READ CAREFULLY BEFORE SIGNING – PLEASE REQUEST ASSISTANCE IF NECESSARY

I voluntarily CONSENT TO AND AUTHORIZE SUCH HOSPITAL CARE (including a complete medical history, physical examination, routine diagnostic procedures, x-ray, therapy (initial and reoccurring procedures) and medical treatment (including the administration of drugs and routine therapeutics) as deemed necessary or advisable by the physicians, their assistants or designees, and employees of the Hospital participating in my care. I understand that the practice of medicine is not an exact science. NO GUARANTEES OR PROMISES have been made to me regarding the results of any hospital care and medical treatment.

I understand that I shall have the OPPORTUNITY TO DISCUSS ANY PROCEDURES OR TREATMENTS with the physicians and/or their assistants and designees participating in my care. I understand that in EMERGENCY SITUATIONS it may be necessary or advisable for the physicians to perform other additional or extended services beyond those contemplated at the time of admission in order to preserve my life or health. I consent to these services and/or procedures.

If this admission is for the purpose of giving birth, I authorize all appropriate INFANT CARE and treatment as deemed necessary or advisable by the physicians, their assistants or designees, and employees of the Hospital participating in the care of my infant(s).

I authorize the Hospital and physician to RELEASE any and all information contained in my MEDICAL RECORDS, including information concerning human immunodeficiency virus ("HIV"), acquired immunodeficiency syndrome ("AIDS"), and AIDS related complex ("ARC"), if any, and substance abuse information, if any, and social and psychological services information, if any, including communications made to a social worker or psychologist, to: (a) any third party payor, INSURANCE AGENCIES or carriers which are responsible in whole or in part for paying any expenses associated with my hospitalization/outpatient testing; (b) any referring health care facility or physician for the purpose of facilitating continuing care and treatment and (c) my employer, but limited to records generated as a result of services directed by them.

I assign and AUTHORIZE DIRECT PAYMENT of all health care benefits and other forms of payment of any kind which relate to the care provided to me by the Hospital staff for application to my bill. I assume full FINANCIAL RESPONSIBILITY FOR PAYMENT of all expenses associated with my care and treatment, including any portion of hospital or physician charges not paid by insurance (except as excluded by participating hospital agreements), workers' compensation or social agencies, and agree to pay the same at the time of discharge or on an interim basis while hospitalized. These expenses may include, but are not limited to, television, telephone, daily charges for patient-requested private room, and any deductible and coinsurance amounts.

MEDICARE PATIENT'S CERTIFICATION - I certify the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I request payment of authorized Medicare benefits on my behalf, for any services furnished to me by or in Covenant HealthCare, including physician services. I authorize any holder of medical and other information about me to release to Medicare and its agents any information needed to determine these benefits or benefits for related services. I assign payment for the unpaid charges for certain in-hospital physician services furnished by a specialist, or by physicians for whom the hospital is authorized to bill. I understand that I am responsible for any health insurance deductibles, co-insurance and non-covered charges.

TRICARE - I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits on my behalf.

I have disclosed to Hospital personnel ALL SOURCES OF HEALTH INSURANCE available at the time of my admission for coverage of health care services rendered to me. Such sources of health insurance may include benefits from Worker's Compensation, an automobile medical or no fault insurance program, or any liability insurance policy or plan.

PERSONAL PROPERTY POLICY - I understand that the hospital SHALL NOT BE LIABLE FOR THE LOSS OR DAMAGE TO ANY PERSONAL PROPERTY (including money, jewelry, documents, or other articles of value) unless deposited with the hospital for safekeeping.

I understand that the Hospital may perform an HIV TEST (for the presence of the AIDS virus) upon me without specific written consent if a health professional, hospital employee, or emergency assistance provider, has a percutaneous, mucous membrane or open wound EXPOSURE TO MY BLOOD or other body fluids. The results of any test(s) will be treated confidentially, but may be disclosed as necessary to Hospital personnel that render care and services to me.

I CERTIFY THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN READ TO ME. I UNDERSTAND ITS CONTENTS AND ACCEPT ITS TERMS UNLESS OTHERWISE INDICATED ON THIS FORM. IF THE SIGNER IS NOT THE PATIENT, THE SIGNER CERTIFIES THAT HE OR SHE IS THE PATIENT'S LEGALLY AUTHORIZED REPRESENTATIVE.

A photo reproduction of this document shall be as valid in all respects as the original. I understand that I may revoke this Consent and Authorization at any time except to the extent that action has been taken in reliance on it. For services furnished to inpatients, this consent and authorization is effective for the period of confinement. For services furnished on the outpatient basis, this consent and authorization is effective until revoked.

CURRY, JEFFREY M		
Name of Patient	Signature of Patient/Parent/Legal Guardian	Relationship if not self
Witness	Signature of Spouse	Date 7-13-06

(Rev 09) CARRIED

COVENANT HealthCare

Covenant HealthCare
1447 North Harrison
Saginaw, MI 48602

CURRY, JEFFREY M
9300 ED, PHYSICIAN 07/13/2006
3129 PINNELL, GREGO
DOB: 11/10/77 028Y M 27-33-97
50182351

INFORMATION ABOUT ADVANCE DIRECTIVES

PF01278 (R 12/03)

PATIENT I.D.

You have the right under the law to make decisions about your health care. This means that you can accept or refuse medical or surgical treatment at any time. You also have the right to write down your wishes for our staff and doctors to follow while you are at any Covenant HealthCare facility and to choose someone to make these decisions for you if you become unable to do so.

- **Advance Directives:** Written directions explaining what your wishes are regarding your medical care
- **Power of Attorney for Health Care:** This is a form that is filled out, signed by you, and witnessed by three people who are not your family and are not employees or volunteers in a medical facility. This form tells our staff who you have selected to make medical decisions for you if you become unable to make decisions for yourself. The person that you choose is then called your Advocate. If you have not completed a Power of Attorney for health care, our staff will talk to your next-of-kin to make decisions for you if you cannot make decisions for yourself.

If you have any written directions about your medical care, including a Living Will, Covenant HealthCare would like a copy to keep on file so we can follow your wishes. If you would like an Advance Directive/Durable Power of Attorney for health care form to fill out, the staff person discussing this form with you will give you one. If you have questions or need help with the form after reading it, please let your caregivers know.

- **Your Advance Directives will be used only in the event that you are unable to make decisions about your medical care due to your illness or injury.**
- **Advance Directives are very useful for doctors, hospital staff, and your family and friends. However, they are not necessary in order for you to get treatment.**
- **You will not be discriminated against and will continue to receive care whether or not you have signed an Advance Directive.**
- **Covenant HealthCare will follow your Advance Directives in the form of a Temporary Advance Directive until we receive a copy of your Advance Directive to place in your medical record.**

Signature of person initiating form and giving yellow copy to patient

Advance Directive Status

☐ A: Pt. has already signed an Advance Directive and Covenant HealthCare has a copy on file. (Y)

☐ B: Pt. has not signed an Advance Directive and is not interested in having one at this time. (N)

☐ C: Pt. has already signed an Advance Directive. Covenant does NOT have a copy and the patient did NOT bring a copy with them. The patient chooses not to make known any decisions about his/her health care wishes at this time and he/she understands that next of kin will be asked to make health care decisions if he/she is unable to. (N)

☐ D: Pt. has already signed an Advance Directive. Covenant does NOT have a copy and the patient did NOT bring a copy with them. The patient wishes to fill out a Temporary Preferences form to be followed until a copy of his/her Advance Directive can be brought to the hospital. (T)

- ☐ Advance Directive/Temporary Preferences form completed and will be followed until patient's Advance Directive can be brought to the hospital. Pastoral Care Services will help as needed when available.

  AND/OR

- ☐ A copy of the patients Advance Directive has been placed in the medical record file and Admitting notified. (Y)

Hospital Representative Date

☐ E: Pt. has not signed an Advance Directive and has been given more information at his/her request. (I)

- ☐ Pastoral care follow-up _____

Hospital Representative Date

☐ F: Patient unable or Family unavailable to provide Advance Directive Status. (U)

- ☐ Diligently reasses patient/family to provide Advance Directive status within 48 hours and check one of above boxes A through E as appropriate.

Hospital Representative Date

WHITE COPY - PATIENT CHART CANARY COPY - PATIENT

COVENANT HealthCare

Covenant HealthCare
1447 North Harrison
Saginaw, MI 48602

CL...NY, JEFFREY M
9300 ED, PHYSICIAN
3129 PINNELL, GREGORY A
11/10/1977 28Y M 07/13/2006

27-33-97 50182351

Acknowledgement Receipt of Notice of Privacy Practices

I acknowledge, by signing below, that I have received a copy of the Covenant HealthCare **Notice of Privacy Practices.**

CURRY, JEFFREY M
Name

Signature

Date: 07/13/2006

Covenant HealthCare Staff Use Only

Acknowledgement Received: 7/13/06

Reason Acknowledgement, **was not** Received:

☐ I have previously received the Notice of Privacy Practices.

☐ Other, explain:

Covenant HealthCare Staff _____
(Signature)

OF08203
RCTPRVPRCB

(03/03)

PRIVACY NOTICE - Page 1 of 1	COVENANT HEALTHCARE		Printed: 11/22/2006 14:21
Patient: CURRY, JEFFREY	MR#: 0273397C	Discharged: 07/13/2006	Service Dates: 07/13/2006-07/13/2006
Copy for: DEP MGT SDMMJK	REQ: 353167, DET: 1521461 IK: 11824835 ITK: 10847 EK: 14989076 VER: 1		

Covenant Emergency Care Center
1447 N Harrison
Saginaw, MI 48602
(989) 583-6121

DISCHARGE INSTRUCTIONS/EMERGENCY DEPARTMENT

Patient: JEFFREY CURRY Sex: Male DOB: 11/10/1977
Med Rec #: 273397 Visit #: 50182351
Treating Doctor: 512 HARRY FREDERICK, DO
Date: 07/13/2006 Time: 21:00

JEFFREY CURRY or Responsible Person has received this information and tells me that all questions have been answered.

RN Staff Signature

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. You also may have been referred to a specialist. Some insurance companies require a referral by your doctor. Please contact your primary care physician to make further arrangements. After you leave, you should follow the instructions below.

You were treated today by HARRY FREDERICK, DO.

THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE
Call your doctor if you do not get better. Call sooner if you feel worse. You can reach your doctor by calling their clinic phone number.

THIS INFORMATION IS ABOUT YOUR DIAGNOSIS
TODAY YOUR DIAGNOSIS IS: multiple contusions following a pedestrian-car accident

Do the following:
- followup with your own doctor as necessary

Call your doctor if you have:
- any new or severe symptoms.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.
Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

JEFFREY CURRY or Responsible Person

COVENANT HealthCare

Covenant HealthCare
1447 North Harrison
Saginaw, MI 48602

CURRY, JEFFREY M
9300 ED, PHYSICIAN
3129 PINNELL, GREGORY A
11/10/1977 28Y M 07/13/2006

OF01693 (03/2004) **ORDER/EMERGENCY/DIAGNOSTIC**

27-33-97 50182351

COMPLAINT

Allergies

Latex: ☐ Yes ☐ No

X-RAY
☐ Ankle ☐ Clavicle ☐ Elbow ☐ Femur ☐ Foot

Extremity Left
☐ Forearm ☐ Hand ☐ attn____ ☐ Hip ☐ Humerus ☐ Knee ☐ Ribs/PA CXR ☐ Shoulder ☑ Tibia/Fibula ☐ Wrist

Face and Body
☐ Abd/PA CXR ☐ Abd only ☑ Chest ☐ Port Chest ☐ Facial ☐ Mandible ☐ Nasal ☐ Neck ST ☐ Pelvis ☐ Port Pelvis ☑ Skull ☑ C-Spine ☐ Port C-Spine ☑ L-Spine ☑ T-Spine

Extremity Right
☐ Ankle ☑ Forearm ☐ Clavicle ☐ Hand ☐ Elbow ☐ attn____ ☐ Femur ☐ Hip ☐ Foot ☐ Humerus ☐ Knee ☐ Ribs/PA CXR ☐ Shoulder ☐ Tibia/Fibula ☐ Wrist

Comments/Other: Vital 1843

CT Scan
☐ Abd/Pelvis ☐ Brain ☐ C-Spine * ☐ IV Contrast ☐ w/Contrast ☐ L-Spine * ☐ Oral Contrast ☐ Chest ☐ T-Spine * ☐ Kidney Stone ☐ Pulm. Embolus *Levels

Ultrasounds
☐ Aorta ☐ Duplex Extremity ☐ Pelvic OB ☐ Gallbladder ☐ Rt ☐ Lt ☐ Pelvic Non-OB ☐ Kidney ☐ Up ☐ Low ☐ Duplex Testes ☐ Limited RLQ ☐ Vein ☐ Art

Nuc Med/Misc
☐ VQ Scan ☐ IVP ☐ Arteriogram ** ** Specify

Resident 0 1 2 3 4 5 6 7 8 9

Comments/Other:

LAB
☐ ABG FIO2 ____ ☐ ABORH ☐ Acetone ☐ Amylase ☐ BNP ☐ Calcium ☐ CBC + Diff ☐ CK/CKMB ☐ CRP ☐ NC ☐ HS ☐ d-Dimer ☐ Dig

Blood
☐ Dilantin ☐ ETOH ☐ Exp Pend ☐ Hep Bsab ☐ Lactic Acid ☐ Lipase ☐ Mag/Phos ☐ Mono ☐ HCG Qual ☐ HCG, do if ☐ HCG Quant

Panels
☐ PT/PTT ☐ Therap ☐ Tegretol ☐ Free T4 ☐ Troponin I ☐ TSH ☐ T & S ☐ T & C ____ u ☐ Vein Ph

☐ Card. Prof. ☐ Pan. basic ☐ Pan. comp ☐ Emer. Prof. ☐ Liver

Urine Labs
☐ Cath UA ☐ CCMS UA ☐ UA, do if CCMS ☐ UA, do if Cath ☐ Urine PREG. ☐ Drug SC Recreational ☐ Drug SC Depressant ☐ Drug SC Stimulant ☐ Drug Screen All ☐ Cannabis ☐ Cocaine

Micro/CXS
☐ Beta Strep ☐ 1 Blood 2 3 ☐ GC/CHL ☐ Wet Prep ☐ Urine Cath ☐ Urine CCMS ☐ RSV ☐ Sputum

CSF
☐ Adult ☐ Peds

Misc.
☐ 1 EKG 2 3 4 ☐ Old EKG ☐ Old Chart

Physician 0 1 2 3 4 5 6 7 8 9

Comments/Other:

PHYSICIAN ORDERS ☐ Monitor ☐ Pulse Ox ☐ IV Pump ☐ O_2 ____

Time	Medication / IV / Treatment / Order	Initiated	Time	Route/Site	Nurse	Double Check
	EXAM 1808 ☐ NPO					
1840	Please get Pt. something to drink ✓					
2100	Ultrasound STAT P.O.	✓	2120	PO	SK	
	MOTRIN 800 MG P.O.	✓	2120	PO	SK	
	Pt is medically stable to go to jail					

Condition upon discharge: ☒ Stable ☐ Guarded ☐ Critical ☐ Expired Critical care hours

Dx: Car vs Pedestrian Accident c Multiple Contusions

Ed Physician: ____ Dict:☐ Resident Physician: 258315 Dict:☐

ECCXORDS ###### **ORDER/EMERGENCY/DIAGNOSTIC** ######

COVENANT HEALTHCARE
IMAGING AND DIAGNOSTIC SERVICES
1447 N. Harrison Saginaw, Michigan 48602

Name: CURRY, JEFFREY M
MR#: 273397
Acct#: 50182351
ORDER#: 50182351-00003
DOB: 11/10/77
PT LOC: EDA

Admitting: ED, PHYSICIAN
Attending: PINNELL, GREGORY A
Ordering: FREDERICK, HARRY W
Referring:
Consulting:

Examination:	Exam Date/Time:	Accession #:
XR SPINE CERVICAL 2 OR 3 VIEW	7/13/06 7:20:12 PM	XR-06-056525

INDICATION:
Hit by car, abrasions.

TECHNIQUE:
AP, lateral, and odontoid views of the cervical spine.

FINDINGS:
There is a normal lordotic cervical spine curvature. Vertebral alignment and disc spaces are maintained. There are no fractures or focal osseous lesions. The surrounding soft tissues are normal.

IMPRESSION:
Normal cervical spine study.

********** FINAL **********
Dictated By: LUDKA, MARK R MD
Dictated Date: 07/13/06 11:10 pm
Electronically Signed By: MARK R. LUDKA MD
Date signed: 07/14/06 3:49 am
Transcribed By: DMC
Transcribed Date: 07/13/06 11:23 pm

DD: 07/13/2006

/: 1330
ID: 606056525

COVENANT HEALTHCARE
IMAGING AND DIAGNOSTIC SERVICES
1447 N. Harrison Saginaw, Michigan 48602

Name: CURRY, JEFFREY M
MR#: 273397
Acct#: 50182351
ORDER#: 50182351-00002
DOB: 11/10/77
PT LOC: EDA

Admitting: ED, PHYSICIAN
Attending: PINNELL, GREGORY A
Ordering: FREDERICK, HARRY W
Referring:
Consulting:

Examination:	Exam Date/Time:	Accession #:
XR CHEST PA/LAT	7/13/06 7:20:29 PM	XR-06-056523

INDICATION:
Hit by car.

TECHNIQUE:
Chest, 2 views.

FINDINGS:
The heart size and pulmonary vascular pattern are within normal limits. The lungs and pleural spaces are clear. Mild elevation of the right hemidiaphragm is noted.

IMPRESSION:
No evidence of acute cardiopulmonary disease.

********** FINAL **********
Dictated By: LUDKA, MARK R MD
Dictated Date: 07/13/06 11:09 pm
Electronically Signed By: MARK R. LUDKA MD
Date signed: 07/14/06 3:49 am
Transcribed By: KAS
Transcribed Date: 07/13/06 11:23 pm

DD: 07/13/2006

/: 1330
ID: 606056523

COVENANT HEALTHCARE
IMAGING AND DIAGNOSTIC SERVICES
1447 N. Harrison Saginaw, Michigan 48602

Name: CURRY, JEFFREY M
MR#: 273397
Acct#: 50182351
ORDER#: 50182351-00004
DOB: 11/10/77
PT LOC: EDA

Admitting: ED, PHYSICIAN
Attending: PINNELL, GREGORY A
Ordering: FREDERICK, HARRY W
Referring:
Consulting:

Examination:	Exam Date/Time:	Accession #:
XR SPINE LUMBAR 4 + V	7/13/06 7:20:50 PM	XR-06-056526

INDICATION:
Hit by car.

TECHNIQUE:
Lumbar spine. 4 views.

FINDINGS:
Vertebral body heights and intervertebral disc spaces are well preserved. No fractures or subluxations are identified. Multiple metallic fragments project along the anterior aspect of the sacrum and more anteriorly within the pelvis consistent with sequela from old gunshot injury.

IMPRESSION:
1.No acute osseous abnormalities identified.
2.Findings consistent with old gunshot injury.

********** FINAL **********
Dictated By: LUDKA, MARK R MD
Dictated Date: 07/13/06 11:11 pm
Electronically Signed By: MARK R. LUDKA MD
Date signed: 07/14/06 3:49 am
Transcribed By: KAS
Transcribed Date: 07/13/06 11:25 pm

DD: 07/13/2006

/: 1330
ID: 606056526

COVENANT HEALTHCARE
IMAGING AND DIAGNOSTIC SERVICES
1447 N. Harrison Saginaw, Michigan 48602

Name: CURRY, JEFFREY M
MR#: 273397
Acct#: 50182351
ORDER#: 50182351-00001
DOB: 11/10/77
PT LOC: EDA

Admitting: ED, PHYSICIAN
Attending: PINNELL, GREGORY A
Ordering: FREDERICK, HARRY W
Referring:
Consulting:

Examination:	Exam Date/Time:	Accession #:
XR LEG LOW AP/LAT LT	7/13/06 7:21:26 PM	XR-06-056522

INDICATION:
Hit by car

TECHNIQUE:
Left lower leg 2 views

FINDINGS:
There is mild deformity noted involving the distal tibial shaft and also mild deformity of the proximal tibial metaphysis, both findings most likely due to old trauma. An acute fracture or dislocation is not identified.

IMPRESSION:
No acute osseous abnormality is identified.

********** FINAL **********
Dictated By: LUDKA, MARK R MD
Dictated Date: 07/13/06 11:13 pm
Electronically Signed By: MARK R. LUDKA MD
Date signed: 07/14/06 3:49 am
Transcribed By: DMC
Transcribed Date: 07/13/06 11:25 pm

DD: 07/13/2006

/: 1330
ID: 606056522

COVENANT HEALTHCARE
IMAGING AND DIAGNOSTIC SERVICES
1447 N. Harrison Saginaw, Michigan 48602

Name: CURRY, JEFFREY M
MR#: 273397
Acct#: 50182351
ORDER#: 50182351-00005
DOB: 11/10/77
PT LOC: EDA

Admitting: ED, PHYSICIAN
Attending: PINNELL, GREGORY A
Ordering: FREDERICK, HARRY W
Referring:
Consulting:

Examination:	Exam Date/Time:	Accession #:
XR SPINE THORACIC 3 V	7/13/06 7:21:10 PM	XR-06-056528

INDICATION:
Hit by car

TECHNIQUE:
AP, lateral, and lateral swimmer's views of the thoracic spine.

FINDINGS:
There is a normal thoracic spinal curvature. Vertebral alignment is normal. Vertebral body height and disc spaces are maintained. There are no fractures or focal osseous lesions. Paraspinal soft tissues are normal.

IMPRESSION:
Normal thoracic spine study.

********** FINAL **********
Dictated By: LUDKA, MARK R MD
Dictated Date: 07/13/06 11:12 pm
Electronically Signed By: MARK R. LUDKA MD
Date signed: 07/14/06 3:49 am
Transcribed By: DMC
Transcribed Date: 07/13/06 11:24 pm

DD: 07/13/2006

/: 1330
ID: 606056528

COVENANT HEALTHCARE
IMAGING AND DIAGNOSTIC SERVICES
1447 N. Harrison Saginaw, Michigan 48602

Name: CURRY, JEFFREY M
MR#: 273397
Acct#: 50182351
ORDER#: 50182351-00006
DOB: 11/10/77
PT LOC: EDA

Admitting: ED, PHYSICIAN
Attending: PINNELL, GREGORY A
Ordering: FREDERICK, HARRY W
Referring:
Consulting:

Examination:	Exam Date/Time:	Accession #:
XR FOREARM RT	7/13/06 7:21:44 PM	XR-06-056529

INDICATION:
Hit by car

TECHNIQUE:
Right forearm 2 views

FINDINGS:
The bones, joint spaces and surrounding soft tissues are radiographically normal.

IMPRESSION:
Negative examination.

********** FINAL **********
Dictated By: LUDKA, MARK R MD
Dictated Date: 07/13/06 11:14 pm
Electronically Signed By: MARK R. LUDKA MD
Date signed: 07/14/06 3:49 am
Transcribed By: DMC
Transcribed Date: 07/13/06 11:25 pm

DD: 07/13/2006

/: 1330
ID: 606056529

COVENANT HealthCare

Covenant HealthCare
1447 North Harrison
Saginaw MI 48602

CURRY, JEFFREY M
9300 ED, PHYSICIAN
3129 PINNELL, GREGORY A
11/10/1977 28Y M 07/13/2006

27-33-97 50182351

SIGNATURE LOG

OF00730

INITIALS	PRINT NAME	SIGNATURE OF CAREGIVER	TITLE
UM	Linda McCubbin	Linda McCubbin	LPN
SD	Sheila Dambro	Sheila Dambro	RN

CHARTONE™
electronic chart management solutions

Chart One would like to provide you with the best possible service and your input is vital to our success. Please help us serve you and others better by taking a few minutes to answer the questions below. If you would like to give feedback, please do so on the back of this questionnaire. Thank you for responding.

Facility requested medical records from: Covenant Cooper

Please mark the appropriate answer.

1. What was the reason you requested medical records?

- o Personal
- o Continued Care
- ✓ Legal
- o Disability
- o Other _____

2. How many times in the past year have you requested medical records at this office or any other office?

- ✓ 0-1
- o 2-3
- o 3-4
- o 4 or more

3. Do you expect to request medical records in the next 6 months?

- o Yes
- o No
- ✓ Unsure

Please rate the following service components for this request of medical records.

STATEMENTS	Strongly Agree	Agree	Disagree	Strongly Disagree	No Comment Or N/A
4. Staff was courteous and helpful	o	o	o	o	✓
5. Staff provided complete, accurate information to you	o	o	o	o	✓
6. A timely response was provided.	✓	o	o	o	o
7. My overall experience was positive.	✓	o	o	o	o

Once completed, please return to Angela Tusing, Area Manager for ChartOne at fax (866)217-1165.